ATTESTATION REPORT

Name of the Compan(ies) and/or Corporation(s) who directly/indirectly own or control SPFC. (Please provide full Company names) Capitalization of SPFC Class # Shares Authorized # Shares Outstanding Par Value Preferred Common Please check one: The Company:	PFC Name: _					
SPFC. (Please provide full Company names) Capitalization of SPFC CAPITAL STOCK OF SPFC Class #Shares Authorized #Shares Outstanding Par Value Preferred Common Preferred Has implemented the securitization URPLUS NOTES ISSUED BY SPFC Total Surplus Notes as approved by Order Total Surplus Notes issued and outstanding, as of 12/31/: \$ Issued during current year: (list each separately) Check if none issued in current year	or Period endi	ng:		, 20		
CAPITAL STOCK OF SPFC Class #Shares Authorized #Shares Outstanding Par Value Preferred Common Clease check one: The Company: Is in a warehousing phase Has implemented the securitization CURPLUS NOTES ISSUED BY SPFC Total Surplus Notes as approved by Order Total Surplus Notes issued and outstanding, as of 12/31/: \$		_		_	n(s) who directly/indirectly o	wn or control
Class #Shares Authorized #Shares Outstanding Par Value Preferred Common Common Rease check one: The Company: Is in a warehousing phase Has implemented the securitization URPLUS NOTES ISSUED BY SPFC Total Surplus Notes as approved by Order Total Surplus Notes issued and outstanding, as of 12/31/: \$	-			•		
Common					# Shares Outstanding	
ease check one: The Company:	-					
The Company:	Con	nmon				
	The Compar URPLUS NO Total Surplu Total Surplu	TES ISSU IS Notes as Notes is	J ED BY s approve	SPFC and by Order outstanding, as of	£ 12/31/: \$	
<u> </u>	Series			Date Issued		

REVIEW OF SERVICE PROVIDERS

3. Actuarial and Audit Service Providers as of 12/31/___:

Function	Service Provider	<u>Changes</u> <u>made?</u>		
		Y	N	
Actuarial Firm & Name				
of Independent Actuary				
CPA Firm & Name of				
Partner				

4.	Does the CPA Firm provide any services (other than the annual audit) for the SPFC or its Paren Corporation? Yes No
	If yes, please describe the additional services provided, and what steps are taken to minimize potential conflicts of interest:

REVIEW OF COMPANY'S TRANSACTION(AL) DOCUMENTS

5. Has the SPFC made any changes to any of the following documents during the current year?:

		nges	Effective Date	<u>DOI</u>	
<u>Document</u>	ma	<u>de?</u>	of Change(s)	Notified?	
	Y	N		Y	N
Plan of Operations					
Articles of Incorporation					
Company Bylaws					
Deal Model Output / Proformas					
Reinsurance Agreement(s)					
Trust Agreement(s)					
Tax Sharing Agreement					
Administrative Services Agreement					
Custodial Agreement					
Investment Advisory Agreement					
Promissory Note Agreement					
Fiscal Agency Agreement					
ISDA Agreements (and/or supporting docs)					
Retrocession Reinsurance Agreement (if app)					
Other					
Other					

NOTE: The above list is not meant to be an all-inclusive listing of the agreements for each transaction; instead, it is a listing of key documents for each SPFC. There may be instances where an SPFC has multiple agreements – in that case, you can answer it in the collective, and elaborate further (as needed) on a separate sheet of paper.

6.	Are the SPFC's investments maintained in accordance with their Investment Policy? Yes No					
	Person(s)/Committee(s) responsible for monitoring					
7.	Please provide a listing of <u>all</u> Directors and Officers for the SPFC as of 12/31/ Yes No					
	If you have responded "Yes" to the above, please describe (on a separate sheet of paper) the changes which were made. In addition, please provide information as to when this information was submitted to the Department for review. NOTE: This question is dealing more with terminations / additions, rather than additional duties being imposed.					